FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ B. WING IL6001317 04/09/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2 ANNABLE COURT AUTUMN MEADOWS OF CAHOKIA** CAHOKIA, IL 62206 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint #1841933/IL101314 Statement of Licensure Violations S9999 Final Observations S9999 300.610a) 300.1210b) 300.1210d)2) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological Attachment A well-being of the resident, in accordance with each resident's comprehensive resident care Statement of Licensure Violations plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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stricture/urinary retention -start date 11/20/17."

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12/21/17 and 01/21/18, but R3 had a Urology appointment on 2/23/18 and as far as she knew

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V11 stated it was a (Foley) catheter that was

Practitioner, stated she saw R3 during the 2/23/18 visit and R3's indwelling catheter was not changed during that visit. V13 stated the visit was

On 4/05/18 at 7:55 AM, V13, Urology Clinic Nurse

removed from R3 at the ER.

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prepared 2 basins half filled with water and

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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	washed hands and cloths wet with soap the penis, shaft, sor and catheter. V6 rin soapy water. V6 repand straightened R' was done. V6 failed 3. R2's MDS, dated indwelling urinary curinary Stricture. R2's Care Plan, data history of Bactere infection related to mobility. Goal: will review date. Approamonitor/document/r and symptoms of U malaise, foul odor snausea and vomitin	eport to MD as needed signs TI: frequency, urgency, melling urine, dysuria, fever, g, flank pain, suprapubic pain, rine, altered mental status,					
	provided catheter ca and gloved. V9 used no rinse perineal wa penis, underside of foreskin, cleansed of V9 dried all wet area and cleansed the re buttocks and dried a turned R2 on his ba bedclothes. V9 and stated they were do pull back R2's fores	PM, V8 and V9, both CNAs, are to R2. Both washed hands d wet washcloths sprayed with ash to cleanse the shaft of the the scrotum, retracted the the meatus and the catheter. as. V8 turned R2 to his left ctal area, perianal area and all wet areas in the back. V9 ck and covered R2 with his V8 took off their gloves and ne with care. V9 or V8 did not kin to its normal position.					

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